

St. Joseph's Preschool
 5600 West Genesee Street
 Camillus, New York 13031
 stjosephpreschool@outlook.com
 Preschool 315-484-2153 Rectory 315-488-8490
Preschool Registration Form 2020-2021

Child's Full Name _____ Preferred Name _____
 Date of Birth ____/____/____ Gender ____male ____female
 Mother's Name _____ Father's Name _____
 Email address(es) 1. _____ 2. _____
 Home Address _____ City & Zip _____
 School District of Residency _____
 Phone Number (Home) _____ (Cell) _____
 Is your family a member of St. Joseph's Church? ____yes ____no
 How did you hear about the preschool? _____

Placement will be done on a first come basis

- A copy of the child's birth certificate **MUST** be included for students not currently enrolled. Returning students do not need to include copy of birth certificate (copy on file from previous year).
- \$50 non-refundable registration fee must be included
- Please make check payable to ***St. Joseph's Church***

Please check the class for which you are registering.

3-YEAR OLD Program born prior to 12/1/2017	4-YEAR OLD Program born prior to 12/1/2016	Tuition rates 2-day program: \$130 per month/\$390 per trimester 3-day program: \$165 per month/\$495 per trimester 5-day program: \$280 per month/\$840 per trimester Families with multiple children enrolled receive a \$10/month tuition discount per child. <i>Tuition is paid 3 times per year: September 1st, December 1st and March 1st ~</i>
<input type="checkbox"/> Tues/Thurs 9-11:30 am	<input type="checkbox"/> Mon/Wed/Fri 9-11:30 am	
<input type="checkbox"/> Mon/Wed/Fri 9-11:30 am	<input type="checkbox"/> Mon/Wed/Fri 12:30-3:00 pm	
	<input type="checkbox"/> Tues/Thurs 9-11:30 am <input type="checkbox"/> Tues/Thurs 12:30-3:00 pm	
	Monday- Friday (5 day) <input type="checkbox"/> 9-11:30 am or <input type="checkbox"/> 12:30-3:00 pm	

Office use only: Check Number _____ Birth certificate _____
 More information requested on page 2.

STUDENT INFORMATION FORM

Please answer the following questions as completely as possible. The more information you can share about your child, the better we will be able to respond to your child's needs.

Does your child participate in any other organized group (daycare, swimming classes)?

How do you think your child will feel about starting his or her Preschool experience?

What would you like your child to gain from his or her Preschool experience?

Does your child have **Food Allergies**? If yes, please list.

Do you have concerns about any area of your child's development (for example: speech, fine motor, coordination)?

Has your child ever received developmental screening ____yes ____no
Is your child receiving any services (for example: speech therapy, physical therapy, occupational therapy)? If so, please list?

What else would you like us to know about your child?
